

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/669,819
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		Group Art Unit	2141
		Confirmation Number	4241
		Examiner Name	Pollack, Melvin H.
<input type="checkbox"/> Sent via Express Mail Label No.:		Attorney Docket Number	144211.01

ENCLOSURES (check all that apply)			
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Remarks: <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.			

SIGNATURE OF ATTORNEY OR AGENT			
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